



WATER WELL REPORT

FOR AN EXISTING WELL

RECEIVED
DEPARTMENT OF ECOLOGY

DEC 13 2010

32-1E-10B
WATER RESOURCES PROGRAM

Standard emergency well

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other _____	Unique Ecology Well ID Tag No. <u>BC8753</u>																
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>156</u> ft. if known.	Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No Property Owner Name <u>Highland Town Water Co</u>																
CONSTRUCTION DETAILS Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Well Street Address <u>Poppy's Place</u> City <u>Oak Harbor</u> County: <u>Island</u>																
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.	Tax Parcel No. <u>R13210-462-3270</u>																
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Diam. _____ Slot Size _____ from _____ ft. to _____ ft.	LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>10</u> Twn <u>32N</u> R <u>1E</u> <input checked="" type="radio"/> EWM <input type="radio"/> WWM Circle one																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.	<table border="1"> <tr> <td>D</td><td>C</td><td>B</td><td>A</td> </tr> <tr> <td>E</td><td>F</td><td>G</td><td>H</td> </tr> <tr> <td>M</td><td>L</td><td>K</td><td>J</td> </tr> <tr> <td>N</td><td>P</td><td>Q</td><td>R</td> </tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>	D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A														
E	F	G	H														
M	L	K	J														
N	P	Q	R														
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If know, to what depth <u>4</u> ft. Materials used if known: <u>Slurry mix</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement	Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>16.82626</u> Long Deg <u>122</u> Long Min/Sec <u>40.17407</u>																
PUMP: <input type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name _____ Type: _____ H.P. _____	<input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Computer Generated																
WATER LEVELS: Land-surface elevation above mean sea level <u>161</u> ft. Static Level <u>103</u> ft. below top of casing Date measured <u>1975</u> Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u>See Engineer's letter</u> <input type="checkbox"/> Unknown Yield: <u>45</u> gal./min. with _____ ft. drawdown after _____ hrs.																	

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. _____

Date Signed 9 December 2010

Drilled in 1950s

Drilling Company Angus Scurlock

Address of person completing this form:

Island County Health Dept.

PO Box 5000

City, State, Zip Coupeville, WA 98239

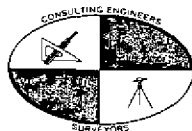
ALPHEMED

ALPHAMED - THE NEW STANDARD
FOR MEDICAL RECORDS

Mrs. E. Bates R.C.

June 24, 1975

MADE IN U.S.A.



Fakkema & Kingma, Inc.

875-5973

"ENTERPRISE BLDG." 4086 400 AVE. W., OAK HARBOR, WASHINGTON 98277

May 29, 1975

Island County Health Department
Courthouse
Coupeville, Wa 98277

Attention: Mr. Frank Sullivan, Sanitarian

Re: Well Site Approval - Highland Trace

Dear Frank:

We hereby request a well site approval for a domestic water supply of the existing drilled well in the following location:

678 feet South and 610 feet East from the Northwest corner of
Government Lot 5, Section 10, Township 32 North, Range 1 East,
W.M.

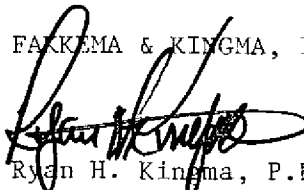
The existing well is drilled to a depth of 156 feet and has been test pumped at 45 gpm. The well was constructed by Mr. Angus Scurlock in the early 1950's. The 100 foot pollution control setback has been signed by the Tipps and the Mansos, the adjoining property owners.

The existing well casing will be extended to a minimum of 12 inches above ground with a new well seal and other improvements to be provided.

If you have any questions or request assistance in the site inspection, please let me know.

Yours very truly,

FAKKEMA & KINGMA, INC.


Ryan H. Kingma, P.E.

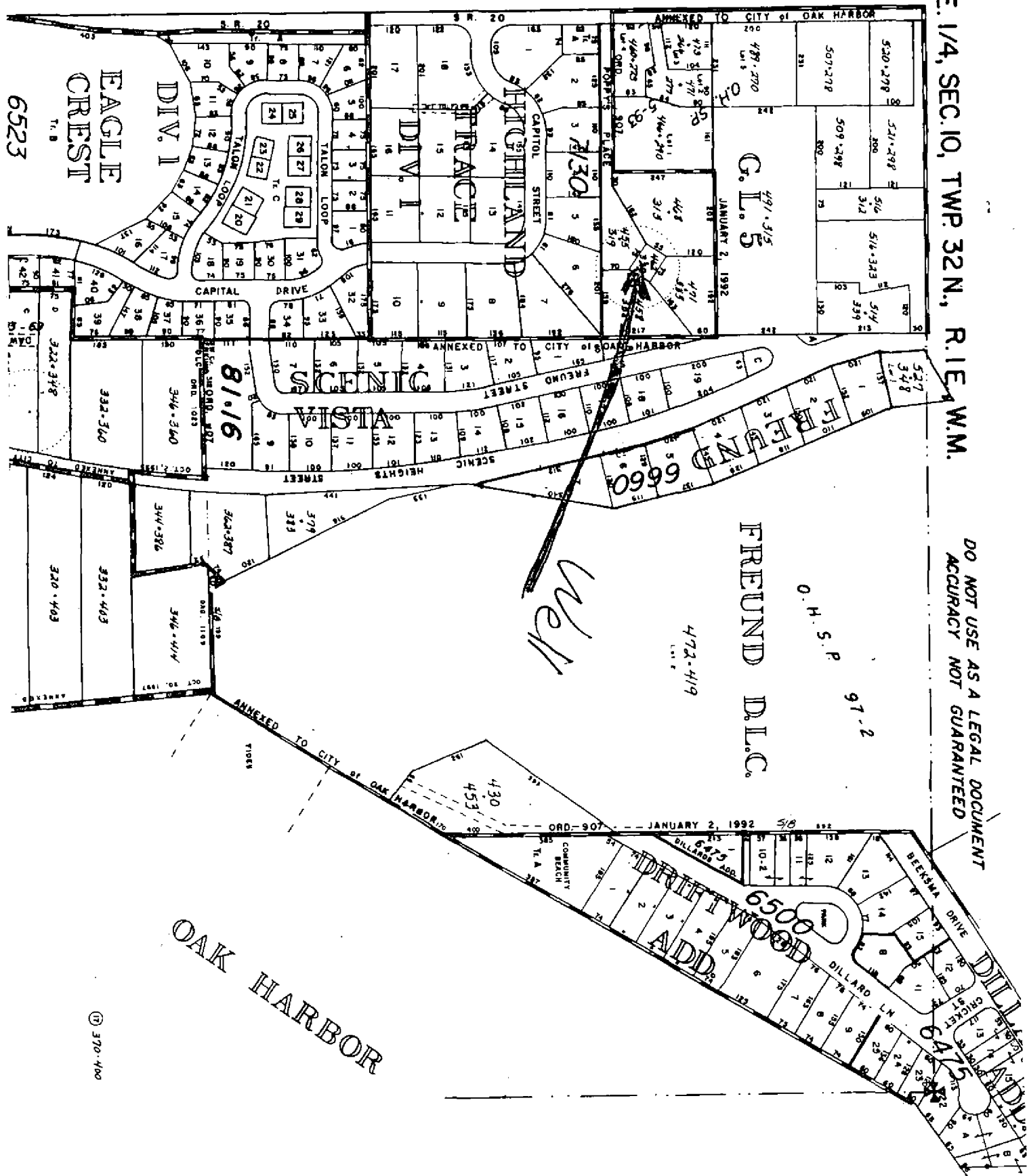
RHK:vj

*Frank- the Prelim Plat map shows
the well location*

310 320 330 340 350 360 370 380 390 400 410 420 430 440 450 460 470 480 490 500 510 520 530 540

N.E. 1/4, SEC. 10, TWP. 32 N., R. 1 E. W.M.

DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED



RECEIVED
DEPARTMENT OF ECOLOGY

APR 24 2010

WELL TEST DATA SHEET

Well Name or Number: HIGHLAND TRACE WELLWATER RESOURCES PROGRAM
NWROWell Owner: HIGHLAND TRACE WATER CO. INCPump Test by: BOB'S PUMPS, SALES AND SERVICEROUTE 2 BOX 564-COAK HARBOR, WASHINGTON 98277Date: APRIL 29, 1975Sustained Pumping Rate (Yield) GPM: 45 GPMStatic Water Level (from top of casing): 103 ftTotal Well Depth, if known: 156 ft.Time Pump Test Started: 1:20 PM April 29, 1975Time Chemical Test Taken: none

Drawdown and Recovery Measurements

Time Lapsed	Drawdown
1 min.	(distance fm. top) 109 ft
2 min.	
4 min.	
10 min.	109 ft 6 in.
20 min.	109 ft. 6 in.
30 min.	109 ft. 6 in
60 min.	109 ft 6 in
2 hours	" "
3 hours	" "
4 hours	" "

Time	Recovery
1/2 min.	
1 min.	103 ft
2 min.	
5 min.	
10 min.	
20 min.	
60 min.	